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STATEMENT OF

FORM 1	ORGANIZATION				
	·		<u> </u>	Office Use Only	
1. NAME OF COMMITTEE (in fo	(Check if name ull) (Check if name is changed)	Example:If typing, type over the lines.	12FE4M	- Jan John State 	
WRAG PAC	1		 		
					
ADDRESS (number and street) 445 WINDHAM, CT					
(Check if add	ress SUITE 3	[SUITE 3, C/o, Mangie			
is changed)	1/101011915+101WIN		DH	4,4,51,21-	
	CIT	ΓY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-ma	ail address)			
(Obsolvit se	Mangirelawe	PAOL COM	1 1 1 1		
(Check if ac is changed)	laress	!		1	
OOMMITTEEN WED D	MAGE ADDRESS (UDL)	•	-	,	
COMMITTEE'S WEB PAGE ADDRESS (URL)					
(Check if address is changed)					
					2. DATE 0 1 2 0 1 0
3. FEC IDENTIFICATION NUMBER					
4. IS THIS STATEME	ENT NEW (N) OR	AMENDED (A)			
I certify that I have exa	amined this Statement and to the best of	my knowledge and belief i	t is true, correc	t and complete.	
Type or Print Name of	Treasurer Alex Mann	ie			
Signature of Treasurer	Alex N		Date 0	6 2010	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.					
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	